

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26839

BIRTH NO. _____		REG. DIST. NO. <u>283</u>		PRIMARY REG. DIST. NO. <u>5655</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). —a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon,</u>		c. LENGTH OF STAY (in this place) <u>95 days</u>		c. CITY OR TOWN <u>Sikeston</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Sanatorium</u>				e. STREET ADDRESS (If rural, give location) <u>Route 4</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Clarence</u> c. (Last) <u>Dobbins</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>September 8, 1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>3-2-1900</u>	
9. AGE (In years last birthday) <u>55</u>		10. MONTHS <u>55</u>		11. DAYS <u>55</u>		12. HOURS <u>55</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer &amp; laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Dunklin County, Missouri</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>U. S.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13a. FATHER'S NAME <u>Jim Dobbins</u>				13b. MOTHER'S MAIDEN NAME <u>Gertie Dye</u>			
14. NAME OF HUSBAND OR WIFE <u>Unknown</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>			
16. SOCIAL SECURITY NO. <u>490-18-2562</u>				17. INFORMANT'S SIGNATURE OR NAME <u>San. records, Mo.S.S., Mt. Vernon, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute fibrinous pericarditis with effusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Pulmonary tuberculosis with bilateral pleural effusion</u> <u>Cerebral thrombosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>002X</u>				INTERVAL BETWEEN ONSET AND DEATH  <u>abt. 4 MO.</u>			
19a. DATE OF OPERATION <u>9-3-55</u>				19b. MAJOR FINDINGS OF OPERATION <u>Pericardium 1 cm. thick with marked pericardial and pleural effusion.</u>			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Pericardium 1 cm. thick with marked pericardial and pleural effusion.</u>			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Pericardium 1 cm. thick with marked pericardial and pleural effusion.</u>				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mt. Vernon, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>9-3-55</u>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? <u>Pericardium 1 cm. thick with marked pericardial and pleural effusion.</u>				22. I hereby certify that I attended the deceased from <u>6-5-55</u> , 19 <u>55</u> , to <u>9-8-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9-8-55</u> , 19 <u>55</u> , and that death occurred at <u>6:30 a m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John W. Poole, M.D.</u>				23b. ADDRESS <u>Mt. Vernon, Mo.</u>			
23c. DATE SIGNED <u>9-8-55</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>9-10-55</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Sanatorium cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Mt. Vernon, Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Lassett</u>			
DATE REC'D BY LOCAL REG. <u>9-10-55</u>				REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>			
ADDRESS <u>Mt. Vernon, Mo.</u>				ADDRESS <u>Mt. Vernon, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by me....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed W. L. Lessor.....

Licensed Embalmer No. 22

P. O. Address mt. Vernon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.